



PATENT
091-0193 (02-0815)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David G. Jensen et al. : Confirmation No.: 4603
Serial No. 10/762,084 : Group Art Unit: 2859
Filed: January 20, 2004 : Examiner: Yaritza Guadalupe

For: INSTALLATION TOOL FOR
AEROSPACE FASTENING SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA

RESPONSE TO ELECTION/RESTRICTIONS

Sir:

In response to the Office Action dated as mailed on March 9, 2005, and having a period of response extending through and including April 8, 2005, please consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.

Date: March 18, 2005

IFW

Inventor(s): David G. Jensen et al.

Serial No. 10/762,084

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For: INSTALLATION TOOL FOR AEROSPACE FASTENING SYSTEM

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

27431

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☒ Return Receipt Postcard
- ☒ No additional claim fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
Total	*37	minus	**56	= 0	x \$25 =	\$	OR x50 = \$0
Independent	*5	minus	***9	= 0	x \$100 =	\$	OR x200 = \$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+150 =	\$	OR +300 = \$0
TOTAL						\$	OR TOTAL \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-0851 the amount of \$ _____. A copy of this transmittal letter is enclosed.

☐ A check in the amount of \$ _____ to cover the extension fee is enclosed.

☐ A check in the amount of \$ _____ to cover the additional claims is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



David Bows, Reg. No. 39,915

Michael A. Shimokaji, Reg. No. 32,303

SHIMOKAJI & ASSOCIATES, P.C.

1301 Dove Street

Suite 480

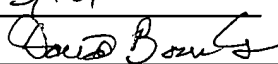
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(949) 223-0838

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

3/18/05



David Bows, Reg. No. 39,915
Michael A. Shimokaji, Reg. No. 32,303